

Division of Health Service Regulation

TITLE

(18) DATE

TQ5H21

if continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/04/2015
NAME OF PROVIDER OR SUPPLIER  YOUR LOVING FAMILY CARE HOME I		STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET DORTCHES, NC 27801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the left hand closet in Bedroom 1 did not have a rod for hanging clothes installed and the Resident's clothing was piled up on the floor. A wooden rod was observed propped up in the corner of the closet. Have a qualified person install a rod in the closet. Provide verification of the correction.</p> <p>2. Observations revealed that the door knob to the left hand closet in Bedroom 4 was loose. Have a qualified person secure the door hardware. Provide documentation of the repairs.</p> <p>3. At the time of this survey, the hot water had been turned off at the bathroom sink in the hall bath due to recent repairs. Have a qualified person turn the water back on and verify that it is working at the sink. Provide verification of the correction.</p> <p>4. Observations revealed wood accessories mounted above the vanity in the hall bath. The accessories were broken and the nails were protruding which could injure a Resident. Have a qualified person remove the damaged accessories and patch the wall. Provide documentation of the repairs.</p>	C 174	<p>The Closet rod has been replaced</p> <p>Hot water in bathrooms have been repaired.</p> <p>Will be replace on</p>	<p>6/4/15</p> <p>6/5/15</p> <p>7/10/15</p>

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STATE FORM

*Beatrice Letway*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  06/04/2015
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C 174	Continued From page 2  5. Observations revealed that the front wall of the tub surround in the hall bath was not protected for moisture. The wall was scratched and damaged from the moisture. Have a qualified person repair the damaged wall. Provide documentation of the repairs.  6. Observations revealed a black, moldlike substance around the perimeter of the tub in the hall bath. Have a qualified person clean to remove the black substance and recaulk the tub. Provide documentation of the repairs.  7. In the hall bath, it was observed that the shower head was loose and there was a gap around the head penetration that would allow water to get into the wall. Have a qualified person repair and secure the shower head. Provide documentation of the repairs.  8. Observations revealed that the finish on the wall above the shower in the back bathroom was flaking. Have a qualified person repair the wall above the shower. Provide documentation of the repairs.  9. Observations revealed the exterior trim had been replaced near the ramp and at the back corner of the facility. The replaced trim has not been painted leaving the wood exposed and unprotected. Have a qualified person paint the trim.  10. Observations revealed that the paint on the exterior trim was flaking and peeling around the facility. Have a qualified person repair the finish on the exterior trim. Provide documentation of the repairs.	C 174	<p>The tub and walls have been replaved.</p> <p>All of the out side replains will be done by the first of the month</p>	<p>6/5/15</p> <p>8/1/15</p>	

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*Beatrice Petway*

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*7/6/15*

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Editorial

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7/6/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/04/2015
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C 123	Continued From page 4 the repairs.  2. Observations revealed that the hand grip in the shower of the back bathroom had fallen off the wall. Have a qualified person install a hand grip, mechanically fastened for the shower. Provide documentation of the repairs.	C 123	<i>The hand grip in shower will be done by the first of the month</i>  <i>All of these things will be replaced by the first of the month</i>	8/11/15
C 138	Outside Entrances/Exits-Single Hand Motion  T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys.  This Rule is not met as evidenced by: 1. Observations revealed that the front entry door did not have single action hardware. Have a qualified person replace the door hardware with single action hardware. Provide documentation of the repairs.  2. Observations revealed that the back exit door did not have single action hardware. Have a qualified person replace the door hardware with single action hardware. Provide documentation of the repairs.  3. Observations revealed that the storm door at the back exit had a thumb latch lockset that is not single action. Have a qualified person remove or disable the thumb latch. Provide verification of the repairs.	C 138		8/11/15

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C 143	Continued From page 6 entrance to Bedroom 1. f.) The floor was torn at the sink in the back bathroom.	C 143		

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*Beatrice Pelay*

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7/6/15

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